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**Fax To: PATEL, ISHWARBHAI B
Art Unit: 2841**

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From: Winston Hsu, Registration No. 41,526

Serial No.: 10/711,795

Attorney Docket No.: ACMP0164USA

Subject: Response to the Office Action mailed on 11/23/2005

Total Pages: 8 pages (including cover page)

Winston Hsu 12/22/2005

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ACMP0164USA_A2_1

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PTO/SB/21 (09-04)

Approved for use through 07/31/2006: OMB 0851-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/711,795	
	Filing Date	10/06/2004	
	First Named Inventor	Chun-Yang Lin	
	Art Unit	2841	
	Examiner Name	PATEL, ISHWARBHAI B	
Total Number of Pages in This Submission	7	Attorney Docket Number	ACMP0164USA

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks:		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	North America Intellectual Property Corporation		
Signature	<i>Winston Hsu</i>		
Printed name	Winston Hsu		
Date	12/22/2005	Reg. No.	41,526

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature	<i>Alex Liang</i>	
Typed or printed name	Alex Liang	Date 12/22/2005

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PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/711,795
TOTAL AMOUNT OF PAYMENT (\$) 0.00		Filing Date	10/08/2004
		First Named Inventor	Chun-Yang Lin
		Examiner Name	PATEL, ISHWARBHAI B
		Art Unit	2841
		Attorney Docket No.	ACMP0164USA

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-3105 Deposit Account Name: North America Intellectual Property Corp.	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	
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<input checked="" type="checkbox"/> Credit any overpayments	
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FEE CALCULATION																																																
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																																																
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)																																									
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Design	200	100	100	50	130	65																																										
Plant	200	100	300	150	160	80																																										
Reissue	300	150	500	250	600	300																																										
Provisional	200	100	0	0	0	0																																										
2. EXCESS CLAIM FEES																																																
Fee Description																																																
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent																																																
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent																																																
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<table border="0"> <tr> <td>Total Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> <td>Multiple Dependent Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr> <td>- 20 or HP =</td> <td>x</td> <td>=</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="7"> HP = highest number of total claims paid for, if greater than 20 </td> </tr> <tr> <td>Indep. Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>- 3 or HP =</td> <td>x</td> <td>=</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="7"> HP = highest number of independent claims paid for, if greater than 3 </td> </tr> </table>							Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	- 20 or HP =	x	=					HP = highest number of total claims paid for, if greater than 20							Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				- 3 or HP =	x	=					HP = highest number of independent claims paid for, if greater than 3						
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3. APPLICATION SIZE FEE																																																
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(g).																																																
<table border="0"> <tr> <td>Total Sheets</td> <td>Extra Sheets</td> <td>Number of each additional 50 or fraction thereof</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr> <td>- 100 =</td> <td>/ 50 =</td> <td>(round up to a whole number) x</td> <td></td> <td></td> </tr> </table>							Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	- 100 =	/ 50 =	(round up to a whole number) x																																		
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4. OTHER FEE(S)																																																
Non-English Specification, \$130 fee (no small entity discount)																																																
Other:																																																

SUBMITTED BY			
Signature	<i>Winston Hsu</i>	Registration No. (Attorney/Agent)	41,526
Name (Print/Type)	Winston Hsu	Telephone	302-729-1562
		Date	12/22/2005

This collection of information is required by 37 CFR 1.106. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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UNBENDING PRINTED CIRCUIT BOARD

Appl. No. : 10/711,795 Confirmation No. 5794
Applicant : Chun-Yang Lin,
Shu-Chih Chen,
Wen-Hsinung Shih
Filed : October 6, 2004
TC/A.U. : 2841
Examiner : PATEL, ISHWARBHAI B
Docket No. : ACMP0164USA0
Customer No. : 27765

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

AMENDMENT

Sir:

- 5 In response to the Office action of November 23, 2005, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.

10

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